Questions/Answers Relating to Program Assessment
Disease State Management
Of Diabetes Program RFP

June 27, 2008

1. It appears that the benefit to be implemented (or intervention to be studied) encompasses pharmacist disease management health coaching and assessment of drug-related needs (medication therapy management services or MTMS) combined with value-based insurance design or VBID (patient co-payment incentives) to be delivered to BOTH employees and retirees. Is this assumption regarding coverage for both employees and retirees correct?

   Yes, however Medicare retirees are not eligible. Premedicare retirees are.

2. If retirees are included in the eligible beneficiary group, please provide information on the number, or percentage, of these retirees currently participating in MediCare Part-D drug plans (including those who may be participating in a prescription drug plan MTM program ranging from letters to phone calls to face-to-face MTMS encounters).

   Medicare retirees are not eligible.

3. Please provide an approximate estimate of the total number of beneficiaries with diabetes that would be eligible to receive this MTMS + VBID benefit.

   Approximately 2100.

4. Please provide general information on the geographic location of eligible beneficiaries across the State of North Dakota.

   PERS provides services to members across the state; however, most of our population is in the Bismarck, Fargo, Grand Forks, Minot, Williston, Dickinson and Jamestown areas.

5. In order to conduct a complete program evaluation it would be valuable to also include changes in employee sick days pre-, and post-implementation. For employees participating in the MTMS + VBID benefit, will the program evaluation contractor have access to employee sick day information?

   This information will not be available.

6. On page 6 of Attachment 3 (the NDPSA proposal), Objective #3 notes that a formal letter will be mailed to eligible participants informing them of the service and incentives. Will the letter be mailed from the employer, external program coordinator, or other entity?

   The letter and follow-up notices are sent by NDPERS. Enrollment information is from the NDPSC.

7. Will direct telephone calls to eligible beneficiaries be used to explain the program, provide information on participating providers, and schedule appointments?

   Members will not be directly solicited by phone to participate. However, if interested they can call to get information.

8. In Section II of the RFP (Scope of Work) it is noted that, "the successful contractor will be supplied claims data from BCBS and project data collected by the NDPSA." The availability of pharmacy claims is not clear from this statement. On page 18 of Attachment 3 a reference is made to forwarding a summary of claims to BC/BS of ND or to "Prime." Does this imply that Prime Therapeutics LLC is also a partner in this project as it pertains to obtaining pharmacy claims data?

   Pharmacy claims data will be supplied by NDPERS.

9. This query pertains to relationships between this NDPERS program and the health insurance partner(s). Please provide information on the nature of the relationship (either informal understandings or a written letter of commitment) providing information on obtaining claims data from BC/BS of ND and Prime, the ability to provide "clean" claims data (devoid of claim reversals, duplicate claims, denied claims, etc.), the frequency with which claims data will be extracted, and the format (either electronic transmission or files to be picked up on CD-ROM) in which claims data will be provided to the contractor.

   North Dakota law states that all claims data is the property of NDPERS. We get this data regularly from BCBS. NDPERS will supply claims data. Some data cleansing can be done, such as dropping denied claims. Claims can be supplied as frequently as monthly. Most likely options for delivery would be NDPERS FTP site or password protected zipped cd-rom.

10. In relation to Query 9 above, please specifically address the question: Will the successful contractor need to hire a data analyst and place the data analyst in house at the insurance company to pull claims for both the intervention (MTMS + VBID) and the comparison groups?

No, PERS will supply the data in electronic file format.

11. Please provide an anticipated expectation for the level of funding, or general range of funding, available to conduct this program assessment.

    PERS has not set a specific amount for this project however this will be a key factor in the decision process when selecting a consultant.

12. Please provide an NDPERS policy statement pertaining to the level of Indirect Costs (Indirect Cost Recovery or ICR) allowed in relationship to RFP funding.

    PERS does not have a policy statement on this topic.

13. This final query pertains to relationships with, and commitments to, personnel at the NDSU College of Pharmacy: Activity #4 (page 8 of Attachment 3) and Activity #6 (page 9) notes that faculty have offered to assist in the process of gathering, analyzing and reporting findings. In addition, on page 19 it is noted that NDPERS will explore the option of having NDSU College of Pharmacy provide their expertise in data collection and analysis. The role of NDSU faculty in this program evaluation is unclear. Would the NDPERS Board consider a proposal with a budgetary allocation for NDSU College of Pharmacy faculty to serve either as collaborators or subcontractors in this analysis?

    PERS has elected to issue this RFP for services instead of directly soliciting a specific vendor. It is up to the proposer to decide what team to submit.

14. Will it be possible to get health claims data for the entire PERS population, regardless of whether the person is a diabetic or not? If not, is it possible to get 24 months of historical medical or pharmacy claims data for all diabetics, whether participating or not?

    Yes to both questions.

15. How much claims history prior to program implementation would be available for the ROI analysis?

    PERS has claims history going back ten years. However, please note, not all of those electing to participate in this program will have been under the system for this time period.

16. How were the diabetics identified in the population? – One diagnosis, medications, etc

    Members were identified by reviewing health claims for the previous 12 months. Any member having received a diabetic medication (oral or insulin) or having 2 health billings with ICD-9 code of 250.xx were identified as diabetic.

17. Will it be possible to get information on how long program participants have been diagnosed with diabetes?

    The NDPSC will be collecting that data.

18. Will the claims data include lab results? Vision data?

    The NDPERS claims data includes all institutional/hospital claims, professional/clinic services, and pharmacy claims. Lab results and vision data will not be available from the claims data. Only that a lab or test was billed for. The member will need to complete that information along with the program pharmacist. The clinical data collected by the NDPSC will include common lab results and most recent exams with vision, dental, and other providers.

19. Will the study involve an evaluation of the impact of absenteeism?

    No

20. Will the chosen firm be supplied with a dataset of the clinical data being collected (*e.g.,* A1C, lipid panels, blood pressures, weight, smoking, etc.) on the participating diabetics?

    The NDPSC will be collecting the clinical data and can provide it to the chosen firm.

21. How many plan options are offered by PERS? If there are multiple options, will it be possible to segment the data by plan option?

    PERS offers only one health plan to the members, within that plan a there is a PPO program and EPO program. EPO participation can be provided if useful, however the PPO is a point of service program so data on this would be tied to the provider.

22. Will the clinical data collected be numerically scaled by the NDPSC or will it just exist in a text format?

    It can be available in an Excel spreadsheet.

23. Will the chosen firm be given start and end dates for all individuals that initially enrolled in the diabetes program?

    Yes

24. How will the members disenrolled be handled? Should they be included in the managed or included in the unmanaged population?

    We have not addressed this question

25. Assuming there is capacity, will new entrants be allowed to enroll in the program?

    Yes

26. Will there be a mechanism for tracking expenses for individuals who enroll in the program, but then disenroll due to non-compliance or other factors?

    That claim data should be available from NDPERS and NDPSC can supply enrollment and disenrollment dates for analysis.

27. Will the program reports have standardized or codified fields for reporting vs. subjective reporting documentation? Standardized fields will improve reporting of goals, education, interventions, etc.

    Objective data will be standardized. Interventions will be objective in that they will be categorized for analysis.

28. Please clarify how the $800 per capita payment works. Specifically:

    a. Does the $800 per capita payment to NDPSC by Medication Management Systems represent the total vendor expense for the diabetes program?

       The $800 is an estimate for budgeting purposes. The NDPSC will not be paid based upon this per capita amount but rather will be paid based upon billings for the specific services

    b. Are the pharmacists paid by NDPSC out of this $800?

       Yes

    c. Will the $800 flow through as a claims payment, and, if so, will there be a specific provider number to track it under?

       There will be a claim submitted by the pharmacist through the MMS software for each visit. The NDPSC will bill NDPERS the rate for that visit. The NDPSC will reimburse the provider. NPI numbers will be used by providers to track.

    d. If a member enrolls and disenrolls, does NDPSC still get the full $800, or will it be prorated?

       See "a"

29. Will PERS be tracking internal expenses associated with administering the diabetes program?

    No

30. Is PERS considering the possibility of having both a consulting organization and the NDSU College of Pharmacy work collaboratively on this project?

    PERS will consider it if proposed.

31. Will health claims data including pharmacy costs and pharmacy location also be available for all non-program participants (i.e., the approx. 1,300 diabetic patients who will not be participating in the DM program)?

    Yes

32. Will claims data for all 2100 diabetic patients provide patient age, gender, ethnicity, and specific diabetes diagnosis (type I vs. type II DM) as well as other diagnoses and medical treatment costs?
    For example, if a Type II diabetic patient is treated for cardiovascular disease, we assume costs related to the treatment will be available regardless of whether the patient is a non-participant or a participant.

    Claims data will provide age, gender, some diagnoses, ICD-9 and CPT codes of services, charges and paid amounts. Items such as race and test results will need to come from the program information.

33. Will all pharmacy provider costs for delivering the disease management program be equal to $800 per participant? Other than the $800/participant and the medication co-pay waivers, will there be any other costs incurred for delivering this program?

    The provider costs are paid per type of visit and number of visits. The $800 is a budgeting number and not a reimbursement formula. No other incremental costs are anticipated.

34. Will the interventionists at the different pharmacy sites provide details on their age, gender, work title, training speciality/degree, and # years in their profession?

    That has not been discussed, but can be obtained.

35. Finally, how will voluntary and/or non-compliance drop-outs data be made available to evaluators?

    The NDPSC data will include enrollment and disenrollment dates. Claims data from NDPERS can be analyzed using those dates.